

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 29889
7228
Registrar's No.

Registration District No. 791 I

Primary Registration District No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4614 Pope Ave /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community 14 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1000
(c) City or town St. Louis 9 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4614 Pope Ave 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 3,
year 1941 hour 9:20 PM minute _____ M.
21. I hereby certify that I attended the deceased from Aug 17
1941 to Sept 3 1941
that I last saw her alive on Sept 3, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma of sigmoid
Due to _____
Duration 1 yr.

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy No
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Florence M. Schneider
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William Schneider
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased September 12, 1901
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
39 11 22 _____ hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER { 12. Name Edward Brucker
13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Ida Timmermann
15. Birthplace Washington Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant William Schneider
(b) Address 4614 Pope Ave

17. (a) Burial (b) Date thereof 9/6/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) SEP 6 1941 (b) J. Bredsch
(Date received local registrar) (Registrar's signature)

22. If death was due to external cause, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature R. H. Gosh (M. D. or other) C. M. D.
Address 1901 Madison St Date signed Sept 5-41

SEP 1 8 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *William G. Buchholz*

Licensed Embalmer No. *2118*

P. O. Address *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

FILED OCT 18 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 7228

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4614 Page
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
(c) City or town St. L.
(If outside city or town limits, write "RURAL")
(d) Street No. 4614 Page
(If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Blanche M. Schneider
(b) If veteran, name war _____ (c) Social Security No. _____

20. DATE OF DEATH: Month 9 day 30
year 1941 hour 9:20 minute 00 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife Wm. 6. (c) Age of husband or wife if alive 46 years

Duration _____
Due to _____ 46
Due to _____

7. Birth date of deceased: 9-12-01
(Month) (Day) (Year)
8. AGE: Years 39 Months 11 Days 27
If less than one day _____ hr. _____ min.

Other conditions (include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

PHYSICIAN _____
Underline (the cause to which death should be charged statistically).
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

11. Industry or business _____
12. Name E. Schneider
13. Birthplace St. L.
(City, town, or county) (State or foreign country)
14. Maiden name Eda Schneider
15. Birthplace Wash. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. Schneider
(b) Address 4614 Page

17. (a) _____ (b) Date thereof 9-6-
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Frederick

18. (a) Signature of funeral director M. Heister
(b) Address _____
19. (a) 9-6- (b) _____
(Date received local registrar) (Registrar's signature)

23. Signature A.H. Jack (M. D. or other) _____
Address 1901 Madison Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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